

Alberta Breeder Finance Inc.  
**Personal Information and Privacy Agreement**

I, \_\_\_\_\_ (the "Livestock Producer") give my full and irrevocable consent to Alberta Breeder Finance Inc. ("Breeder Finance") and \_\_\_\_\_ Feeder Association [*insert full name of Feeder Association*] (the "Association") to gather and release my personal information to the following. I further give my full and irrevocable consent and authorize all of the following to gather and release my personal information to Breeder Finance and the Association:

- Breeder Finance and the Association and their respective directors, officers, contractors and staff;
- The accountants for Breeder Finance and the Association;
- Auction markets and other livestock vendors with respect to livestock purchased by Breeder Finance for the Livestock Producer;
- Brand inspectors;
- The insurers who have provided insurance coverage required by Breeder Finance and the Association;
- The financial institutions for Breeder Finance, the Association and the Livestock Producer;
- Legal counsel for Breeder Finance and the Association;
- Livestock truckers engaged to transport Livestock to or from the Livestock Producer;
- Representatives of the Government of Alberta, Alberta Agriculture and Food (and successor departments) with respect to matters concerning feeder associations;
- Credit rating agencies including Equifax;
- Feeder Associations of Alberta Limited.

**Add the names of others from and to whom this information may be gathered and released:\***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**LIVESTOCK PRODUCER**

\_\_\_\_\_  
Print complete corporate, partnership or joint venture name, if the Livestock Producer is a corporation, partnership or joint venturer

Per: \_\_\_\_\_  
Signature and printed name of Livestock Producer or Livestock Producer's authorized representative

Per: \_\_\_\_\_  
Signature and printed name of Livestock Producer or Livestock Producer's authorized representative

\_\_\_\_\_  
Signature and printed name of Witness

\_\_\_\_\_  
Signature and printed name of Witness

**PLEASE RETURN THIS FORM TO EITHER THE ASSOCIATION OR ALBERTA BREEDER FINANCE INC. OFFICE AT BOX 4638, BARRHEAD AB T7N 1A5**

**\*Insert the names and addresses of financial institutions the Livestock Producer does business with.**